



# WASHINGTON COUNTY HEALTH DEPARTMENT

1302 Pennsylvania Avenue • Hagerstown, MD 21742

www.washhealth.org

## APPLICATION FOR PERMIT TO OPERATE A SPECIAL TEMPORARY FOOD SERVICE FACILITY

Application is hereby made to operate a food service facility in accordance with Code of Maryland Regulation 10.15.03, Regulations Governing Food Service Facilities in the State of Maryland.

**Please Print or Type**

ORGANIZATION OR INDIVIDUAL OPERATING FOODSTAND \_\_\_\_\_

NAME OF EVENT \_\_\_\_\_

LOCATION OF EVENT \_\_\_\_\_

NAME & MAILING ADDRESS (FOR LICENSE TO BE MAILED) \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME OF PERSON MAKING APPLICATION \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

TOTAL MENU (**Be Specific and include drinks**) \_\_\_\_\_

FOOD TO BE PURCHASED AT \_\_\_\_\_

LIST ANY FOOD BEING PREPARED OFF SITE \_\_\_\_\_

DATES OPERATING \_\_\_\_\_ HOURS OPERATING \_\_\_\_\_ RAIN DATE \_\_\_\_\_

ESTIMATED NUMBER OF INDIVIDUALS TO BE SERVED AT EVENT \_\_\_\_\_

HOT AND COLD WATER ☐ PUBLIC ☐ APPROVED PRIVATE

SEWAGE DISPOSAL ☐ PUBLIC ☐ APPROVED PRIVATE

**NOTE: Fire Marshall must be contacted by applicant if operating a grill or fryer that is producing grease laden vapors. City Fire Marshall – 301-790-2476/State Fire Marshall – 301-766-3888 (outside city limits)**

I acknowledge receipt of the Special Temporary Food Service Facilities Guideline. My signature below constitutes my agreement to comply with regulations, requirements, and the Special Temporary Food Service Facilities Guideline.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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Office Use Only

Receipt No. \_\_\_\_\_ Date Paid \_\_\_\_\_ Amount Paid \_\_\_\_\_

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ENVIRONMENTAL HEALTH  
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